

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040588

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
1003
9811
FILED OCT 29 1962VS 300
Rev. 4/591
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 Days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GOLMAN A, OTTMAN		4. DATE OF DEATH Month Day Year October 12, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-1921
9. AGE (last birthday) 41		10. IF UNDER 1 YEAR Months 0 Days 11	
11. IF UNDER 24 HR Hours Min.		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Same	
11. BIRTHPLACE (City and state or country) Elvins, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Ottman		13b. MOTHER'S MAIDEN NAME Linda Ottman	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WWII 2	
16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Linda Ottman Iron Mountain, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Compound comminuted fracture of the skull with laceration of the brain; Pulmonary Oedema; suffered in</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Altercation in Bismarck, Missouri on or about October 2, 1962. Cause and manner could not be</u> DUE TO (c) <u>Determined.</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not included in the terminal disease condition given in PART I (a) OPEN VERDICT 983X		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See Above	
20c. TIME OF INJURY Hour a.m. 10-2-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Uncle's Home		20f. CITY, TOWN, OR LOCATION Bismarck St. Francois Missouri	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ 2:15 A on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Paul J. Simon	
22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10/12/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-14-62	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) Bismarck, Missouri
24. FUNERAL DIRECTOR Shipman & Sons Bismarck, Missouri		25. DATE RECD. BY LOCAL REG. OCT 12 1962	
26. REGISTRAR'S SIGNATURE Road Smith, M.D.			

NOV 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Johnnie Shipman Jr., Student Embalmer No. 664

working under my personal supervision.

Student

Johnnie Shipman
Signature of Student Embalmer

Signed

John N. Shipman

Licensed Embalmer No.

4881

P. O. Address

Bismarck, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.